

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Nov 1 to Nov 30, 2009.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank <b>Statement(s)</b> and Reconciliations of Bank Balance to Book Balance for all <b>Account(s)</b>

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/11/09  
(date)

Debtor(s)\*: Prevalence Health LLC

By:\*\* Michael P. Sebring

Position: PRESIDENT

Name of preparer: Chris Coelan

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month	Month
	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
ASSETS:						
CURRENT ASSETS:						
Cash.....	579,988	616,550	513,396	406,712	417,638	611,481
Accounts Receivable, Net.....	960,787	861,550	773,450	807,823	754,358	333,169
Inventory, at lower of cost or market.....	365,452	372,870	402,765	400,478	0	0
Prepaid expenses & deposits.....	118,110	151,573	170,837	139,406	122,958	82,448
Other <u>Receivable Ex - Sale of Assets</u>					954,185	954,185
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	1,754,419	2,249,179	1,980,929
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,097	2386,096	0	0
Less accumulated depreciation.....	2244,928	2244,928	2244,928	2244,928	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,169	141,169	141,169	141,169	0	0
OTHER ASSETS:						
<u>Deposits</u>	48192	54193	56,762	56,762	56,726	56,726
TOTAL OTHER ASSETS.....	48192	54193	56,762	56,762	56,726	56,726
TOTAL ASSETS.....	2,209,298	2,189,660	2,041,771	1,927,497	2,305,905	2,037,655
						2041,469

Assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Adjustments from May 31 to June 9 are not available  
 (A) Certain Assets of prevalence were sold effective 9/30/09. This amount represents the monies due the seller from the buyer at close on 10/6/09  
 \*\* Includes approximately \$56K owed to SafeMeds

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month											
		5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10
POST-PETITION LIABILITIES:													
Taxes payable (Form 2-E, pg.1 of 3).....													
Accounts payable (Form 2-E, pg.1 of 3).....													
Other: <u>Accrued Payroll Vacation</u>													
<u>MSB. Accounts</u>													
TOTAL POST-PETITION LIABILITIES:													
PRE-PETITION LIABILITIES:													
Notes payable - secured.....													
Priority debt.....													
Unsecured debt.....													
Other.....													
TOTAL LIABILITIES.....													
EQUITY (DEFICIT)													
PREFERRED STOCK.....													
COMMON STOCK.....													
RETAINED EARNINGS:													
Through filing date.....													
Post filing date.....													
TOTAL EQUITY (NET WORTH).....													
TOTAL LIABILITIES & EQUITY.....													

\* Adjustments from May 31 to June 9  
 are not available  
 \*\*\* Includes amts billed to Prevalence that are disputed  
 \*\*\* Includes amts owed to SafeMeds that were paid to Prevalence

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month *	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11-1-09 to 11/30/09
NET REVENUE.....	1,234,205	1,136,933	1,051,684	986,153	49,370	0
<u>COST OF GOODS SOLD:</u>						
Material.....						
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD: .....	1,028,341	948,373	880,562	816,815	31,379	4,12257
GROSS PROFIT.....	205,864	188,560	171,122	69,338	18,191	1,225
<u>OPERATING EXPENSES:</u>						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.).....						
Other.....						
TOTAL OPERATING EXPENSES. ....	328,598	291,324	211,439	205,451	46,513	45,536
INTEREST EXPENSE.....		1,491	1,488	615	287	202
INCOME BEFORE DEPRECIATION OR TAXES.....	422,7347	4104,2557	441,8057	4136,7287	428,6097	444,5137
DEPRECIATION OR AMORTIZATION.....	8765	8412	8240	7955	0	0
GAIN ON SALE OF ASSETS.....	0			400,650	27945	
EXTRAORDINARY EXPENSES.....	0					
INCOME TAX EXPENSE (BENEFIT).....						
NET INCOME (LOSS).....	4131,4997	4112,6677	450,0457	255,967	46647	444,5137

\*\* Reflects disputed charges billed to Providence and amounts reimbursed by Supplemental Form 2-C 1/08

\* Requires explanation in NARRATIVE (Form 2-F)

\* Adjustments from May 31 to June 30 are not available  
 (b) Effective 9/30/09, Company sold the majority of its assets Amount received in proceeds is not available

CASE NAME: Prevalence Health LLC CASE NUMBER: 04-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period Nov 1 to Nov 30, 2009

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 611,481
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 530,794
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$( 472,141 )
4. Net Cash Flow \$ 58,563
5. Ending Cash Balance (to FORM 2-B) \$ 670,134

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. <del>Trust Account</del> <u>DIP</u>	\$ <u>18,94</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>670,115.58</u>	<u>Regions</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings)	\$	
7. Cash Collateral Account	\$	
8. Petty Cash	\$	

TOTAL (must agree with line 5 above) \$ 670,134

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 472,141 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED Nov 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875 *</u>	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> ⊗	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>488,995</u>			
November	\$ <u>472,141</u>			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

\* Actually paid \$6,500

⊗ Actually paid \$8,775 to make up for overpayment in 2nd Qtr.

#### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence I LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Nov 1 to Nov 30, 2009

Account Name: Prevalence I LLC Account Number: 9001 277 993

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts \$ 530,794.10

**Prevalence Health LLC**

Cash Deposits

<u>Date</u>	<u>Description ■ Source</u>	<u>Amount</u>
11/2/2009	Patient Co-Pay	\$115.80
11/2/2009	Insurance / Medicaid ■ Medicare	\$89.56
11/2/2009	Insurance ■ Medicaid ■ Medicare	\$1,518.46
11/2/2009	Insurance / Medicaid / Medicare	\$8,505.92
11/3/2009	Patient Go-Pay	\$139.20
11/3/2009	Reimbursement from SafeMeds Solutions	\$9,601.24
11/3/2009	Insurance ■ Medicaid ■ Medicare	\$77.00
11/3/2009	Insurance ■ Medicaid ■ Medicare	\$279.59
11/3/2009	Insurance ■ Medicaid ■ Medicare	\$734.34
11/3/2009	Insurance / Medicaid / Medicare	\$57,582.56
11/4/2009	Insurance ■ Medicaid ■ Medicare	\$2.66
11/5/2009	Patient Co-Pay	\$374.05
11/5/2009	Refund for returned goods	\$239.93
11/5/2009	Refund for returned goods	\$3,371.25
11/5/2009	Insurance / Medicaid ■ Medicare	\$188.98
11/5/2009	Insurance ■ Medicaid / Medicare	\$454.77
11/9/2009	Patient Co-Pay	\$279.67
11/9/2009	Insurance ■ Medicaid ■ Medicare	\$6,615.21
11/9/2009	Insurance ■ Medicaid / Medicare	\$12,438.50
11/10/2009	Patient Co-Pay	\$244.76
11/10/2009	Reimbursement from SafeMeds Solutions	\$200.00
11/10/2009	Insurance / Medicaid / Medicare	\$198.36
11/10/2009	Insurance / Medicaid / Medicare	\$4,626.04
11/10/2009	Insurance / Medicaid / Medicare	\$23,627.23
11/10/2009	Insurance / Medicaid / Medicare	\$58,500.59
11/12/2009	Patient Co-Pay	\$111.00
11/12/2009	Insurance / Medicaid / Medicare	\$22.07
11/12/2009	Insurance / Medicaid / Medicare	\$84,830.67
11/13/2009	Patient Co-Pay	\$70.00
11/13/2009	Patient Co-Pay	\$80.00
11/13/2009	Patient Co-Pay	\$132.40
11/13/2009	Insurance ■ Medicaid / Medicare	\$14,477.90
11/16/2009	Patient Co-Pay	\$168.70
11/16/2009	Insurance / Medicaid / Medicare	\$6,833.28
11/16/2009	Insurance / Medicaid / Medicare	\$30,358.95
11/17/2009	Patient Co-Pay	\$29.00
11/17/2009	Insurance / Medicaid / Medicare	\$3.00
11/17/2009	Insurance / Medicaid / Medicare	\$505.87
11/17/2009	Insurance ■ Medicaid ■ Medicare	\$64,571.13
11/18/2009	Patient Co-Pay	\$15.60
11/18/2009	Patient Co-Pay	\$34.12
11/19/2009	Patient Co-Pay	\$6.00
11/19/2009	Insurance / Medicaid / Medicare	\$3,994.00
11/19/2009	Insurance / Medicaid / Medicare	\$20,131.07
11/19/2009	SafeMeds Reimbursement	\$11,332.43
11/20/2009	Patient Co-Pay	\$40.00



<u>Date</u>	<u>Description / Source</u>	<u>Amount</u>
11/23/2009	Patient Co-Pay	\$137.00
11/23/2009	Insurance / Medicaid / Medicare	\$47.71
11/23/2009	Insurance / Medicaid / Medicare	\$1,450.09
11/23/2009	Insurance / Medicaid / Medicare	\$13,722.61
11/24/2009	Patient Co-Pay	\$1,341.86
11/24/2009	Insurance / Medicaid / Medicare	\$928.52
11/24/2009	Insurance / Medicaid / Medicare	\$2,757.88
11/24/2009	Insurance / Medicaid / Medicare	\$10,539.53
11/24/2009	Insurance / Medicaid / Medicare	\$112.20
11/24/2009	Insurance / Medicaid / Medicare	\$2,928.97
11/24/2009	Insurance / Medicaid / Medicare	\$22,197.39
11/24/2009	Insurance / Medicaid / Medicare	\$32,567.54
11/25/2009	Patient Co-Pay	\$27.90
11/25/2009	Reimbursement from SafeMeds Solutions	\$200.00
11/27/2009	Insurance / Medicaid / Medicare	\$122.93
11/30/2009	Refund for returned goods	\$1,225.47
11/30/2009	Insurance / Medicaid / Medicare	<u>\$12,733.64</u>
	Total	<u><u>\$530,794.10</u></u>

CASE NAME: Prescience Health LLC

CASE NUMBER: 09-02016-EP

### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Nov 1 to Nov 30, 2009

Account Name: Prescience Health Account Number: 9001 277993

### CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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Total Cash Disbursements \$ 472,079.91

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

**Prevalence Health, LLC**

**Cash Disbursements**

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
11/3/2009	61411	Data Keepers LLC	Shreding From Prior to Closing (\$213.95)
11/3/2009	61412	FedEx	Product Delivery (\$734.20)
11/3/2009	61413	Florida Power & Light	Electricity Reimbursed by SafeMeds in Closing (\$1,836.37)
11/3/2009	61414	Iron Mountain Information Management d/b/a Live Vault	Data Backup From Prior to Closing (\$1,938.79)
11/3/2009	61415	Pitney Bowes Global Financial Services LLC	Equipment Lease from Prior to Closing (\$2,563.88)
11/10/2009	61416	Cintas Corporation	Pharmacy Supplies from Prior to Closing (\$662.58)
11/18/2009	Wire 11 18 09	Westport Business Park Associates LLP	Florida Rent Reimbursed by SafeMeds (\$11,790.15)
11/23/2009	61420	AT&T- ABN Acct.	Telephone service Reimbursed by SafeMeds in Closing (\$995.79)
11/23/2009	61421	AT&T- ABN Acct.	Telephone service Reimbursed by SafeMeds in Closing (\$565.98)
11/23/2009	61422	PFS of the South, Inc.	Business Insurance (\$7,448.86)
11/23/2009	61423	Secretary of State	Louisiana registration fee (\$25.00)
11/23/2009	61424	Sun Microsystems Global Financial Services	Lease Reimbursed by SafeMeds in Closing (\$1,579.44)
11/2/2009	Wire 11/2/2009	Blue Cross Blue Shield Of MS	Employee Insurance - Reimbursed by SafeMeds (\$9,601.24)
11/2/2009	Wire 11/2/2009 2	SafeMeds Solutions	AR Collections Fees to SafeMeds (\$34,693.51)
11/2/2009	Wire 11/2/2009 4	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$6,953.58)
11/3/2009	Wire 11/3/2009	Regions Bank	Bank Fees (\$55.00)
11/4/2009	Wire 11/4/2009	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$23,033.50)
11/5/2009	Wire 11/5/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$10,130.50)
11/6/2009	Wire 11/6/2009	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$3,611.18)
11/6/2009	Wire 11/6/2009 2	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$16,872.22)
11/9/2009	Wire 11/9/2009	Pitney Bowes-INTERNALUSE ONLY	Postage Expense - Reimbursed by SafeMeds (\$200.00)
11/9/2009	Wire 11/9/2009 2	Regions Bank	Bank Fees (\$308.23)
11/9/2009	Wire 11/9/09 3	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$5,781.28)
11/10/2009	Wire 11/10/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$19,617.51)
11/12/2009	Wire 11/12/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$95,799.37)
11/13/2009	Wire 11/13/2009	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$37,520.65)
11/16/2009	Wire 11/16/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$26,966.94)
11/17/2009	Wire 11/17/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$16,215.37)
11/18/2009	Wire 11 18 09 2	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$66,847.91)
11/19/2009	Wire 11 19 09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$34,558.40)
11/23/2009	Wire 11 23 09	Pitney Bowes-INTERNALUSE ONLY	Postage Expense - Reimbursed by SafeMeds (\$200.00)
11/25/2009	Wire 11/25/09	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$12,560.06)
11/30/2009	Wire 11/30/2009	SafeMeds Solutions	AR Collections Reimbursed to SafeMeds (\$20,198.47)
			<u><u>(\$472,079.91)</u></u>

CASE NAME: 09-02016-ee

CASE NUMBER: Prevalence Health LLC

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Nov 1 to Nov 30, 2009

Account Name: Prevalence Health Account Number: 0101894579  
DIP

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts

\$ 0

CASE NAME: 09-02016-ee

CASE NUMBER: Prevalence Health LLC

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Nov 1 to Nov 30, 2009

Account Name: Prevalence Health LLC Account Number: 0101894579  
DEP

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
		Regions Bank	Bank fees	61.00

Total Cash Disbursements \$ 61.00

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASENAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Nov 1 to Nov 30, 2009

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached*

**Prevalence Health LLC**  
Post Petition Accounts Payable  
As of November 30, 2009

*Reflects amounts billed to Prevalence - certain charges are disputed -  
e.g., rejected unexpended leases & executory contracts, utilities, etc.*

Vendor	Date	No.	Due Date	Days P/O/S	Open Balance	Memo
Hamilton Partners	6/20/2009		6/20/2009	163	\$14,769.94	120+
Westwood Square, PISIP	6/20/2009		6/20/2009	163	\$250.00	120+
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	157	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	153	\$298.03	120+
Anda	7/1/2009	775310	7/1/2009	152	(\$47.54)	120+
Anda	7/1/2009	774707	7/1/2009	152	(\$48.43)	120+
Anda	7/2/2009	780875	7/2/2009	151	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	151	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	146	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	618-718109	8/7/2009	145	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	7/14/2009	139	\$45.00	120+
North Shore Gas	7/16/2009	6112-7114109	7/31/2009	137	\$69.30	120+
Hamilton Partners	7/17/2009	090717-10786	7/17/2009	136	\$633.01	120+
Toyota Financial Services	7/17/2009	4000250558	8/9/2009	136	\$207.09	120+
Hamilton Partners	7/20/2009		7/20/2009	133	\$14,769.94	120+
Westwood Square, PISIP	7/20/2009		7/20/2009	133	\$250.00	120+
Banc Of America Leasing	7/21/2009	011093620	8/15/2009	132	\$326.50	120+
Avaya, Inc.	7/26/2009	2729047343	7/26/2009	127	\$761.48	120+
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	123	\$69.26	120+
Journal	7/31/2009	854	7/31/2009	122	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	122	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	121	\$500.32	120+
					\$29,671.57	120+ Total
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	116	\$1,135.03	91-120
North Shore Gas	8/13/2009	7/14-8/12/09	8/28/2009	109	\$140.69	91-120
Hamilton Partners	8/20/2009		8/20/2009	102	\$14,769.94	91-120
Westwood Square, P/S/P	8/20/2009		8/20/2009	102	\$250.00	91-120
Banc Of America Leasing	8/21/2009	011138583	9/15/2009	101	\$291.50	91-120
Young Williams P.A.	8/24/2009	49592 Post - 1	10/23/2009	98	\$74.75	91-120
Avaya, Inc.	8/26/2009	2729164647	8/26/2009	96	\$761.48	91-120
Quill	8/28/2009	8951299	9/27/2009	94	\$110.85	91-120
Wells Fargo Financial Leasing	8/31/2009	6745198232	9/15/2009	91	\$298.03	91-120
					\$17,832.27	91-120 Total
Aetna Maintenance, Inc.	9/1/2009	92762	10/1/2009	90	\$500.32	61-90
CT Corporation	9/1/2009	2004471657-00	9/1/2009	90	\$1,620.00	61-90
Quill	9/3/2009	9080458	10/3/2009	88	\$72.79	61-90
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	10/4/2009	87	\$1,608.16	61-90
North Shore Gas	9/16/2009	8/12-9/14/09	10/1/2009	75	\$70.44	61-90
Banc Of America Leasing	9/20/2009		10/15/2009	71	\$291.50	61-90
Hamilton Partners	9/20/2009		9/20/2009	71	\$14,769.94	61-90
Westwood Square, PISIP	9/20/2009		9/20/2009	71	\$250.00	61-90
Avaya, Inc.	9/26/2009	2729265177	9/26/2009	65	\$761.48	61-90
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	10/29/2009	62	\$134.50	61-90
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	10/29/2009	62	\$1,313.09	61-90
Wells Fargo Financial Leasing	9/30/2009	6745237646	10/15/2009	61	\$298.03	61-90
					\$21,690.25	61-90 Total
Aetna Maintenance, Inc.	10/1/2009	105711	10/31/2009	60	\$500.32	31-60
Avaya, Inc.	10/1/2009	2729282145	10/1/2009	60	\$264.42	31-60
ComEd- Commonwealth Edison	10/6/2009	9/4-10/6/09	11/5/2009	55	\$2,051.14	31-60
North Shore Gas	10/14/2009	9/14-10/14/09	10/29/2009	47	\$287.75	31-60
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	10/15/2009	46	(\$1,579.44)	31-60
Hamilton Partners	10/20/2009		10/20/2009	41	\$14,769.94	31-60
Machost Road LLC	10/20/2009		10/20/2009	41	\$1,600.00	31-60
Westwood Square, PISIP	10/20/2009		10/20/2009	41	\$250.00	31-60
Banc Of America Leasing	10/21/2009	11226721	11/15/2009	40	\$291.50	31-60
					\$18,435.63	31-60 Total
Wells Fargo Financial Leasing	10/30/2009	6745277684	11/14/2009	31	\$298.03	0-30
Sprint	11/1/2009	29093091005131	11/26/2009	29	\$2,820.65	0-30
City of Zachary	11/6/2009	02-00760402	11/26/2009	24	\$9.81	0-30
Securian Retirement Services	11/20/2009		12/20/2009	10	\$2,278.00	0-30
					\$5,406.49	0-30 Total
					\$93,036.21	Grand Total

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**November 2009**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	56,617.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>75,736.00</u>
Balance per GL	<u>75,736.00</u>
Difference	<u>                    </u>



CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

## SUPPORTING SCHEDULES

For Period Nov 1 to Nov 30, 2009

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

See Attached

12/11/2009

Prevalence Health, LLC  
Accounts Receivable Summary  
October 31 2009

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid) Patients (Co-Pay)		\$ 1,138	\$ 30,126	\$ 17,460	\$ 234,193	\$ 282,917
	-	-	15,044	15,667	181,592	212,303
Total Accounts Rec	\$ -	\$ 1,138	\$ 45,170	\$ 33,127	\$ 415,785	\$ 495,220
Estimated Reserve						
Insurance	-	3	15,647	16,540	298,689	330,878
Patients	0.25%	0.25%	2.0%	5.0%	50.0%	
	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 495,220					
Florida Medicaid Non-Pymnt Issue						
Deposits in NetSuite not Scriptmed	\$ (40,628)					
Deposits in Scriptmed not NetSuite	\$					
Adjusted AR per ScriptMed	454,592					
AR per GL	454,592					
Difference	-					

Prepared by: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_

**Prevalence Health**  
**AR Aging - 1113012009**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.38					36.38
Ameri Group- FL	262.29					262.29
American Prog Part D- FL	1,200.20					1,200.20
Community Care Part D- FL	2,112.59					2,112.59
Community Care Part D- LA	2,562.82					2,562.82
Coventry Part D- LA	112.73					112.73
Florida Medicaid	21,082.62			3,599.09	1,532.16	15,951.37
Florida Medicaid DME	47,605.75			10,628.68	4,638.16	32,338.91
Healthspring Part D- LA	1,975.86				1,254.75	721.11
Humana Part D- FL	3,945.52			117.10	-	3,828.42
Humana Part D- LA	580.02			6.79	184.01	389.22
Illinois Medicaid	10,013.29			80.19	220.91	9,712.19
Indiana Medicaid	928.06			202.58	-	725.48
Louisiana Medicaid	47,486.94		1,124.95	3,168.20	1,415.38	41,778.41
MS Blue Cross LAMS	589.51			7.84	80.41	501.26
Medco Part D- FL	20.20					20.20
Medco Part D- LA	1,801.08				496.54	1,304.54
Member Health Part D- FL	1,843.20				102.94	1,740.26
Member Health Part D- LA	3,011.67			133.05	775.56	2,103.06
Marquette National Part D- FL	706.11					706.11
Marquette National Part D- LA	257.00					257.00
Mississippi Medicaid	16,934.92				996.40	15,938.52
Mississippi Med Supplies	66,471.19			3,799.82	4,127.41	58,543.96
NDC Part D- LA	31.62					31.62
Omnisys Medicare- IL	31,635.01			8,394.52	1,477.33	21,763.16
Pacificare Part D-FL	2,463.19				16.61	2,446.58
Pacificare Part D- LA	1,605.19					1,605.19
Pacificare Wrap Part D- LA	577.65					577.65
Amerigroup PCS- FL	1,306.87				26.95	1,279.92
POS Temp Payment Part D- LA	73.99					73.99
RX America Part D- LA	257.38					257.38
Silverscript Part D- LA	1,003.82					1,003.82
Tennessee Medicaid	1,546.87					1,546.87
United Healthcare- FL	155.99					155.99
Unicare Part D- FL	4,548.37					4,548.37
Unicare Part D- LA	137.06				114.50	22.56
Wellcare Healthease	2,125.47					2,125.47
Wellcare Part D- FL	3,367.94					3,367.94
Wellcare Part D- LA	540.63					540.63
<b>Total</b>	<b>282,917.00</b>		<b>1,124.95</b>	<b>30,137.86</b>	<b>17,460.02</b>	<b>234,194.17</b>

CASE NAME: Prevalance Health LLC CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Nov 1 to Nov 30, 2009

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>(X)</u>			
General Liability	<u>Arch Special Ins.</u>	<u>3,000,000 Agg</u> <u>1,000,000 Occ</u>	<u>3/1/10</u>	
Property (Fire, Theft)	<u>(X)</u>			
Vehicle	<u>(X)</u>			
Other (list):				
<u>Directors + Officers</u>	<u>Darwin National Inc</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

(X) Workers' Compensation, Property + Vehicle  
Cancelled as of the date the sale of assets  
due to Prevalance no longer having employees or  
property.

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## NARRATIVE STATEMENT

For Period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 11/30/2009**

ID	Date	No.	Balance
<b>Reconciled</b>			
<b>Cleared Deposits and Other Credits</b>			
Deposit	11/2/2009		8,505.92
Deposit	11/2/2009		115.80
Deposit	111212009		89.56
Deposit	111212009		1,518.46
Deposit	111312009		77.00
Deposit	11/3/2009		57,582.56
Deposit	111312009		734.34
Deposit	111312009		9,601.24
Deposit	111312009		139.20
Deposit	11/3/2009		279.59
Deposit	111412009		2.66
Deposit	11/5/2009		188.98
Deposit	11/5/2009		454.77
Deposit	111512009		239.93
Deposit	111512009		374.05
Deposit	111512009		3,371.25
Deposit	111912009		6,615.21
Deposit	11/9/2009		279.67
Deposit	11/9/2009		12,438.50
Deposit	1111012009		58,500.59
Deposit	1111012009		200.00
Deposit	1111012009		23,627.23
Deposit	1111012009		198.36
Deposit	1111012009		4,626.04
Deposit	1111012009		244.76
Deposit	1111212009		22.07
Deposit	1111212009		111.00
Deposit	1111212009		84,830.67
Deposit	1111312009		14,477.90
Deposit	1111312009		132.40
Deposit	1111312009		80.00
Deposit	1111312009		70.00
Deposit	11/16/2009		6,833.28
Deposit	1111612009		30,358.95
Deposit	1111612009		168.70
Journal	1111612009	916	11,332.43
Deposit	1111712009		64,571.13
Deposit	1111712009		505.87
Deposit	1111712009		3.00
Deposit	1111712009		29.00
Deposit	11/1812009		34.12
Deposit	1111812009		15.60
Journal	1111812009	917	11,790.15
Deposit	1111912009		20,131.07
Deposit	1111912009		6.00
Deposit	1111912009		3,994.00
Deposit	1111912009		11,332.43
Deposit	1112012009		40.00
Deposit	1112312009		137.00
Deposit	11/23/2009		47.71
Deposit	11/23/2009		13,722.61
Deposit	1112312009		1,450.09

ID	Date	No.	Balance
Deposit	11/24/2009		22,197.39
Deposit	11/24/2009		2,928.97
Deposit	11/24/2009		112.20
Deposit	11/24/2009		46,793.47
Deposit	11/24/2009		1,341.86
Deposit	11/25/2009		200.00
Deposit	11/25/2009		27.90
Deposit	11/27/2009		122.93
Deposit	11/30/2009		12,733.64
Deposit	11/30/2009		1,225.47
Total - Cleared Deposits and Other Credits			553,916.68
Cleared Checks and Payments			
Bill Payment	10/19/2009	61396	(19.95)
Bill Payment	10/19/2009	61393	(1,094.43)
Bill Payment	10/27/2009	61400	(719.92)
Bill Payment	10/27/2009	61403	(7,094.15)
Bill Payment	10/27/2009	61401	(490.61)
Bill Payment	10/27/2009	61405	(97.00)
Bill Payment	10/27/2009	61404	(257.81)
Bill Payment	10/27/2009	61406	(971.20)
Bill Payment	10/27/2009	61409	(69.55)
Bill Payment	10/27/2009	61410	(300.00)
Bill Payment	10/27/2009	61402	(35.67)
Bill Payment	10/27/2009	61408	(45.91)
Check	11/2/2009	Wire 11/2/2009 4	(6,953.58)
Check	11/2/2009	Wire 11/2/2009 2	(34,693.51)
Check	11/2/2009	Wire 11/2/2009	(9,601.24)
Check	11/3/2009	Wire 11/3/2009	(55.00)
Bill Payment	11/3/2009	61415	(2,563.88)
Bill Payment	11/3/2009	61414	(1,938.79)
Bill Payment	11/3/2009	61412	(734.20)
Bill Payment	11/3/2009	61411	(213.95)
Bill Payment	11/3/2009	61413	(1,836.37)
Check	11/4/2009	Wire 11/4/2009	(23,033.50)
Check	11/5/2009	Wire 11/5/09	(10,130.50)
Check	11/6/2009	Wire 11/6/2009	(3,611.18)
Check	11/6/2009	Wire 11/6/2009 2	(16,872.22)
Check	11/9/2009	Wire 11/9/2009	(200.00)
Check	11/9/2009	Wire 11/9/2009 2	(308.23)
Check	11/9/2009	Wire 11/9/09 3	(5,781.28)
Check	11/10/2009	Wire 11/10/09	(19,617.51)
Bill Payment	11/10/2009	61416	(662.58)
Check	11/12/2009	Wire 11/12/09	(95,799.37)
Check	11/13/2009	Wire 11/13/2009	(37,520.65)
Check	11/16/2009	Wire 11/16/09	(26,966.94)
Bill Payment	11/16/2009	61418	(11,790.15)
Bill Payment	11/16/2009	61417	(11,332.43)
Check	11/17/2009	Wire 11/17/09	(16,215.37)
Check	11/18/2009	Wire 11/18/09 2	(66,847.91)
Bill Payment	11/18/2009	Wire 11/18/09	(11,790.15)
Check	11/19/2009	Wire 11/19/09	(34,558.40)
Check	11/23/2009	Wire 11/23/09	(200.00)
Bill Payment	11/23/2009	61422	(7,448.86)
Check	11/25/2009	Wire 11/25/09	(12,560.06)
Check	11/30/2009	Wire 11/30/2009	(20,198.47)
Check	11/30/2009		(0.05)
Total - Cleared Checks and Payments			(503,232.53)
Total - Reconciled			50,684.15
Last Reconciled Statement Balance - 10/31/2009			624,496.11

ID	Date	No.	Balance
Current Reconciled Balance			675,180.26
Reconcile Statement Balance - 11/30/2009			675,180.26
Difference			
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	31412009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	10/27/2009	61407	(50.00)
Bill Payment	11/23/2009	61423	(25.00)
Bill Payment	11/23/2009	61421	(565.98)
Bill Payment	11/23/2009	61420	(995.79)
Bill Payment	11/23/2009	61424	(1,579.44)
Total - Checks and Payments			(6,590.88)
Total - Uncleared			(6,590.88)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 1113012009			670,167.02

at < 33.00  
 670,134  
 670,134



**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 1113012009**

<b>ID</b>	<b>Balance</b>
<b>Reconciled</b>	
Cleared Deposits and Other Credits	553,916.68
Cleared Checks and Payments	(503,232.53)
<b>Total - Reconciled</b>	<b>50,684.15</b>
<b>Last Reconciled Statement Balance - 1013112009</b>	<b>624,496.11</b>
<b>Current Reconciled Balance</b>	<b>675,180.26</b>
<b>Reconcile Statement Balance - 1113012009</b>	<b>675,180.26</b>
<b>Difference</b>	<b>0.00</b>
<b>Unreconciled</b>	
Uncleared	
Checks and Payments	(6,590.88)
<b>Total - Uncleared</b>	<b>(6,590.88)</b>
Cleared	
Deposits and Other Credits	1,577.64
<b>Total - Cleared</b>	<b>1,577.64</b>
<b>Total as of 1113012009</b>	<b>670,167.02</b>



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00044776 02 AV 0.460 002  
PREVALENCEHEALTH LLC  
PO BOX 12648  
JACKSONMS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 19  
1 of 6

### COMMERCIAL ANALYZED CHECKING

October 31,2009 through November 30,2009

#### SUMMARY

Beginning Balance	\$624,496.11		Minimum Balance	\$573,766
Deposits & Credits	\$530,794.10	+		
Withdrawals	\$453,206.89	-		
Fees	\$308.23	-		
Automatic Transfers	\$0.00	+		
Checks	\$26,594.83	-		
Ending Balance	\$675,180.26			

#### DEPOSITS & CREDITS

11/02	Deposit - Thank You	1,518.46
11/02	Deposit - Thank You	115.80
11/02	State of Ill Commercial 0006Prevalence Ah5062032000595	8,505.92
11/03	Deposit - Thank You	57,582.56
11/03	Deposit - Thank You	139.20
11/03	Regions Bank Acct Trans MS364174656 Ccooley	9,601.24
11/03	State of Ill Commercial 0006Prevalence Ah5087758003379	734.34
11/03	State of Ill Commercial 0006Prevalence Ah5087758003380	279.59
11/03	State of Ill Commercial 0006Prevalence Ah5087758003378	77.00
11/04	EDS Corporation lissa/Dh 1821009333 Pre 200810340A	2.66
11/05	Deposit - Thank You	3,371.25
11/05	Deposit - Thank You	374.05
11/05	Deposit - Thank You	239.93
11/05	Deposit - Thank You	188.98
11/05	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949091031	454.77
11/05	State of Florida Medicaid Prevalence Hea 022400601	89.56
11/09	Deposit - Thank You	279.67
11/09	State of Ill Commercial 0006Prevalence Ah5134321001237	12,438.50
11/09	Regions Bank Acct Trans MS364174656 Ccooley	6,615.21
11/10	Deposit - Thank You	58,500.59
11/10	Deposit - Thank You	244.76
11/10	Memberhealth Clin Payment Tedsmeds.Recei 2190903	23,627.23
11/10	Memberhealth Clin Payment Tedsmeds.Recei 2188959	4,626.04
11/10	Regions Bank Acct Trans MS364174656 Ccooley	200.00
11/12	Deposit - Thank You	111.00
11/12	Regions Bank Acct Trans MS364174656 Ccooley	84,830.67
11/12	Acs MS Title Xix S sgen-EFT Prevalence Hea 00440949091107	198.36
11/12	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698091107	22.07
11/13	Deposit - Thank You	14,477.90
11/13	Deposit - Thank You	70.00
11/13	Merchant Service Merch Dep Health Allianc 8003547554	132.40
11/13	Merchant Service Merch Dep Health Allianc 8003547554	80.00
11/16	Deposit - Thank You	30,358.95
11/16	Deposit - Thank You	168.70



## Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 19  
2 of 6

## DEPOSITS &amp; CREDITS (CONTINUED)

11/16	State of Ill Commercial 0006Prevalence Ah5201885002670	6,833.28
11/17	Deposit - Thank You	64,571.13
11/17	Deposit - Thank You	29.00
11/17	State of Ill Commercial 0006Prevalence Ah5229617005232	505.87
11/17	State of Ill Commercial 0006Prevalence Ah5229617005233	3.00
11/18	Deposit - Thank You	15.60
11/18	Merchant Service Merch Dep Health Allianc 8003547554	34.12
11/19	Regions Bank Acct Trans MS364174656 Ccooley	20,131.07
11/19	Regions Bank Acct Trans MS364174656 Ccooley	11,352.43
11/19	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949091114	3,994.00
11/19	Merchant Service Merch Dep Health Allianc 8003547554	6.00
11/20	Merchant Service Merch Dep Health Allianc 8003547554	40.00
11/23	Deposit - Thank You	1,450.09
11/23	Deposit - Thank You	137.00
11/23	State of Ill Commercial 0006Prevalence Ah5332332004329	13,722.61
11/23	State of Ill Commercial 0006Prevalence Ah5332332004328	47.71
11/24	Deposit - Thank You	46,793.47
11/24	Memberhealth Cln Payment Tedsmeds.Recei 2199895	22,197.39
11/24	Memberhealth Cln Payment Tedsmeds.Recei 2197944	2,928.97
11/24	Merchant Service Merch Dep Health Allianc 8003547554	1,341.86
11/24	State of Ill Commercial 0006Prevalence Ah5351573001603	112.20
11/25	Regions Bank Acct Trans MS364174656 Ccooley	200.00
11/25	Merchant Service Merch Dep Health Allianc 8003547554	27.90
11/27	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698091121	122.93
11/30	Deposit - Thank You	1,225.47
11/30	Regions Bank Acct Trans MS364174656 Ccooley	12,733.64
Total Deposits & Credits		\$520,734.10

## WITHDRAWALS

11/02	Regions Bank Acct Trans MS364174656 Ccooley	34,693.51
11/02	Regions Bank Acct Trans MS364174656 Ccooley	6,953.58
11/02	Blue Cross of MS Insur Prem Prevalence Hbl 0041599	9,601.24
11/03	Merchant Service Merch Fee Health Allianc 8003547554	55.00
11/04	Regions Bank Acct Trans MS364174656 Ccooley	23,033.50
11/05	Regions Bank Acct Trans MS364174656 Ccooley	10,130.53
11/06	Regions Bank Acct Trans MS364174656 Ccooley	16,872.22
11/06	Regions Bank Acct Trans MS364174656 Ccooley	3,611.18
11/09	Regions Bank Acct Trans MS364174656 Ccooley	5,781.28
11/09	Pitney Bowes Postage Prevalence Hea 42906255	200.00
11/10	Regions Bank Acct Trans MS364174656 Ccooley	19,617.51
11/12	Regions Bank Acct Trans MS364174656 Ccooley	95,799.37
11/13	Regions Bank Acct Trans MS364174656 Ccooley	37,520.65
11/16	Regions Bank Acct Trans MS364174656 Ccooley	26,966.94
11/17	Regions Bank Acct Trans MS364174656 Ccooley	16,215.37
11/18	Wire Transfer Westport Busin	11,790.15
11/18	Regions Bank Acct Trans MS364174656 Ccooley	66,847.91
11/19	Regions Bank Acct Trans MS364174656 Ccooley	34,558.42



**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 19  
3 of 6

### WITHDRAWALS (CONTINUED)

11/23	Pitney Bowes	Postage Prevalence Hea 42906255	200.00
11/25	Regions Bank	Acct Trans MS364174656 Ccooley	12,560.06
11/30	Regions Bank	Acct Trans MS364174656 Ccooley	20,198.47
Total Withdrawals			\$453,206.89

### FEES

11/09	Analysis Charge	10-09	308.23
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### CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
11/03	61393	1,094.43	11/09	61409	69.55
11/03	61396 *	19.95	11/02	61410	300.00
11/02	61400 *	719.92	11/12	61411	213.95
11/02	61401	490.61	11/09	61412	734.20
11/03	61402	35.67	11/10	61413	1,836.37
11/02	61403	7,094.15	11/09	61414	1,938.79
11/03	61404	257.81	11/10	61415	2,563.88
11/12	61405	97.00	11/20	61416	662.58
11/02	61406	971.20	11/30	61422 *	7,448.86
11/02	61408 *	45.91			

Total Checks \$26,594.83

\* Break In Check Number Sequence.

### DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
11/02	573,766.17	11/12	654,324.98	11/23	627,703.82
11/03	640,717.24	11/13	631,564.63	11/24	701,077.71
11/04	617,686.40	11/16	641,958.62	11/25	688,745.55
11/05	612,274.41	11/17	690,852.25	11/27	688,868.48
11/06	591,791.01	11/18	612,263.91	11/30	675,180.26
11/09	602,092.34	11/19	613,168.99		
11/10	665,273.20	11/20	612,546.41		



**Regions Bank**

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ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	19
	4 of 6

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**NOTICE OF NEW RULES FOR INTERNET  
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OR ONLINE GAMBLING TRANSACTIONS.  
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TRANSACTION.**

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or visit us on the Internet at [www.regions.com](http://www.regions.com).**

**Thank You For Banking With Regions!**



Regions Bank

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PREVALENCE HEALTH LLC  
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ACCOUNT # 9001277993

Page 5 of 6

Check# 61393 11/03/2009 \$1094.43

Check# 61396 11/03/2009 \$19.95

Check# 61400 11/02/2009 \$719.92

Check# 61401 11/02/2009 \$490.61

Check# 61402 11/03/2009 \$35.67

Check# 61403 11/02/2009 \$7094.15

Check# 61404 11/03/2009 \$257.81

Check# 61405 11/12/2009 \$97.00

Check# 61406 11/02/2009 \$971.20

Check# 61408 11/02/2009 \$45.91

Check# 61409 11/09/2009 \$69.55

Check# 61410 11/02/2009 \$300.00

Check# 61411 11/12/2009 \$213.95

Check# 61412 11/09/2009 \$734.20

Check# 61413 11/10/2009 \$1836.37

Check# 61414 11/09/2009 \$1938.79

Check# 61415 11/10/2009 \$2563.88

Check# 61416 11/20/2009 \$662.58



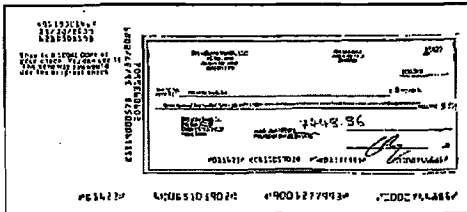
Regions Bank

Jackson 210 E Capitol ST Main  
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PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Page 6 of 6



Check# 61422 11/30/2009 \$7448.86



## REGIONS

## Easy Steps to Balance Your Account

Checking  
Account

1.	Write <b>here</b> the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	<b>Total lines 1 &amp; 2</b>	\$ =
4.	<b>Enter total</b> from 4a (column on <b>right side of page</b> )	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

**4a** List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
	\$ \$
Total Enter in Line 4 at Left	\$ \$

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

**Summary of Our Error Resolution Procedures  
In Case of Errors or Questions About Your Electronic Transfers**  
Telephone us toll-free at 1-800-444-2867  
(or, if in Birmingham area, 326-5667)  
or write us at  
Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

**New Accounts-** If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence







**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00038232 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO# 09-02016-EE  
4270 I 55 N STE 102  
JACKSON MS 39211-6394



ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
Page 0  
1 of 1

**COMMERCIAL ANALYZED CHECKING**  
October 31, 2009 through November 30, 2009

**SUMMARY**

Beginning Balance	\$38.93		Minimum Balance	\$18
Deposits & Credits	\$0.00	+		
Withdrawals	\$0.00	-		
Fees	\$20.00	-		
Automatic Transfers	\$0.00	+		
Checks	\$0.00	-		
Ending Balance	\$18.93			

**FEES**

11109	Analysis Charge	10-09	20.00
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**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
11/09	18.93				

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